

DEPARTMENT OF VETERANS AFFAIRS (VA)

VA RESPONSES TO THE ADVISORY COMMITTEE ON THE READJUSTMENT OF VETERANS (THE COMMITTEE) MAY 2019 RECOMMENDATIONS

RECOMMENDATION 1.

STRATEGIC AREA: VA services working collaboratively to extend current outreach services and increased support for individuals serving in the National Guard and Reserves and for Veterans discharged as Other Than Honorable (OTH) seeking services at VA Readjustment Counseling Service (RCS) Vet Centers, Community-Based Outpatient Clinics and mental health clinics.

RECOMMENDATION 1: The Committee recommends that VA's Office of RCS and Office of Mental Health and Suicide Prevention (OMHSP) develop procedures ensuring quality care is provided to an expanding combat Veteran population including those serving on active duty in the National Guard and Reserves as well as those Veterans with OTH discharges that need mental health support and services.

BACKGROUND AND RATIONALE: VA research shows roughly 20 Veterans nationwide commit suicide each day. Of those, about 14 are individuals with no access to VA health services or regular interaction with the Department, a population that included OTH Veterans that, until recently, were denied those services. Therefore, the goal is to ensure that RCS and OMHSP develop processes and programs to reach out to OTH Veterans and National Guard Members and Reservists needing mental health services in an effort to reduce current Veteran suicide rates.

VA RESPONSE: Concur.

VA ACTION: VA reporting indicates that in 2017, on average, 17 Veterans nationwide died from suicide each day. Of those, about 11 had not received VA health services in 2016 or 2017. RCS and OMHSP leadership are working to ensure Veterans and Service members who served in combat receive quality care; leadership has taken actions in the past year to reach National Guard members and Reservists, as well as individuals with problematic discharges from service.

RCS co-signed a Memorandum of Understanding (MOU) with the National Guard Bureau (NGB) on June 28, 2019. This MOU provides greater access to behavioral health services for National Guard members and their families. RCS Vet Center teams offer early identification, counseling and referral support to geographically dispersed Service members; including services provided during training periods with the intent of increasing service provision, improving transitions to civilian life and supporting suicide prevention efforts. This allows NGB the opportunity to improve Guard force readiness and transition adjustment; and is also integral to suicide prevention. Vet Center staff

provide on-site outreach, counseling and referrals for eligible National Guard Service members and their families during locally agreed upon drill weekends. RCS District leaders have been in routine contact with state and local NGB officials, as well as The Adjutant General in their District, to reinforce the availability of services available to their members. Numerous outreach events have been held on Camp and Base grounds. Since establishing the MOU, events have been held in all 50 states and 4 territories; 85% more National Guard members have been seen this year over the previous year.

OMHSP has an MOU with NGB allowing for more specific outreach to National Guard and Reserve members, especially for those who may not be receiving VA care.

RCS continues to provide services to OTH Veterans, and in 2019, 4% of those served fell into this category. RCS works with these individuals to reverse these categorizations which increases their eligibility for other VA services.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	10NC5	1. RCS will continue monthly meetings with the National Guard and Reserve. 2. RCS will continue to provide outreach through Suicide Prevention Coordinators, Mobile Vet Centers and collaboration with local Vet Centers. 3. RCS and OMHSP will establish routine meetings to ensure collaboration regarding shared populations.	Ongoing	Complete	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 2.

STRATEGIC AREA: VA services work collaboratively to inform and assist eligible Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation New Dawn (OND) and Operation Freedom's Sentinel Veterans and Service members in registering for the VA Burn Pit Registry and assist, as needed, Veterans seeking follow-on medical services.

RECOMMENDATION 2: The Committee recommends that VA Central Offices of RCS and OMHSP develop procedures ensuring all eligible Veterans and Service members are aware of, and encouraged to, sign up for the VA Burn Pit Registry; and assist Veterans with registration.

BACKGROUND AND RATIONALE: Exposure to airborne hazards, such as burn pit smoke, may cause adverse health effects. In June 2014, VA opened the "Airborne Hazards and Open Burn Pit Registry" for Veterans and Service members. VA encourages these individuals to register in this database to help VA better understand the effects of environmental exposures on health, which could lead to improved health care for all Veterans; therefore, it is imperative that RCS and OMHSP collaborate on

processes to get the word out about these services and also assist eligible Veterans and Service members as they seek follow-on medical screening and support.

VA RESPONSE: Concur.

VA ACTION: The application for the VA Burn Pit Registry is available on-line. After an individual is registered, an optional, free registry medical evaluation is offered to active duty Service members through their local Military Treatment facility or to Veterans, National Guard and Reserve members through their local VA Environmental Health Coordinator. The Burn Pit Registry questionnaire can be printed out to use in discussion with the care provider at the registry appointment.

VA has several programs in place to assist Veterans with registration:

- VA's Office of Post-Deployment Health Services shares information about VA's Registry for Veterans and health care providers, including a fact sheet with steps on how to complete the registry; periodic newsletters; videos; and fact sheets on airborne hazards (also available in Spanish).
- VA has War Related Illness and Injury Study Centers (WRIISC) in New Jersey, Washington, DC and California which:
 - Develop training, education and outreach for VA staff and Veterans;
 - Provide training for residents, fellows, medical students, nurses, epidemiologists, physical and occupational therapists, social workers and others as appropriate; and
 - Perform rigorous studies to improve care for Veterans affected by airborne hazards.
- VA's NJ WRIISC is designated as the Airborne Hazards and Burn Pits Center of Excellence. Its website houses information about the VA Registry and fact sheets regarding airborne hazards.
- VA's Transition and Care Management (TCM) teams (formerly OEF/OIF/OND Care Management) screen newly enrolled post 9/11 Veterans for ongoing post-deployment care needs and refer them to the Environmental Health Coordinator for the Burn Pit Registry, if applicable.
- The Department of Defense (DoD) and VA work closely to advertise the Burn Pit Registry using social media and printed notifications on Service members' Leave and Earnings Statements. VA makes concerted efforts encouraging Veterans who participate in the Registry to take advantage of VA services.

- RCS staff are aware of Burn Pit Registry resources and assist clients who are interested.

Resources

Registry: <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry/#page/home>.

Environmental Health Coordinator Directors:

<https://www.publichealth.va.gov/exposures/coordinators.asp>.

Post Deployment Health Services:

<https://www.publichealth.va.gov/exposures/burnpits/index.asp>.

WRIISC:

<https://www.warrelatedillness.va.gov/WARRELATEDILLNESS/AHBPCE/index.asp>.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	10NC5 10P4Q	1. RCS will continue to work to ensure the Burn Pit Registry resources noted here are shared with clients and that staff have the knowledge to assist appropriate clients in registering on-line. 2. RCS will ensure literature about the registry is available to clients, at Vet Centers and at outreach events. 3. RCS will work to develop a resource site on our organizational intranet site.	Fiscal Year (FY) 2021	In progress	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 3.

STRATEGIC AREA: Need for continued RCS and OMHSP collaboration and coordination, as outlined in the MOU including alignment with VA Strategic Plan and identifying specific actionable joint milestones to complete during a specified fiscal year.

RECOMMENDATION 3: The Committee recommends RCS and OMHSP continue their active collaboration activities to include identifying jointly shared milestones to complete during a specified fiscal year and aligned with VA's Strategic Plan.

BACKGROUND AND RATIONALE: Feedback from the field indicates a very favorable reception of the new MOU between RCS and OMHSP, stating that the centralized guidance was appreciated and needed. Suggested improvements to the current MOU include identifying more specific joint milestone actions that can be completed during a specified fiscal year and aligning those milestones with VA's strategic plan.

VA RESPONSE: Concur.

VA ACTION: In November 2017, the noted MOU was signed between RCS and OMHSP. RCS and OMHSP leadership meet routinely to ensure they are following their agreement and that they are working in concert and in alignment with VA's strategic plan. RCS and OMHSP will continue to work collaboratively and have plans to revise the current MOU to keep it fresh and relevant, and to speed future data sharing and partnerships without the need for additional permissions.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	10NC5	1. VA will ensure regular communication between RCS staff and OMHSP staff to identify joint efforts toward VA's strategic plan. 2. RCS and OMHSP will build on existing monthly transfer of information about Veterans determined to be at high risk for suicide by including monthly transfer of those identified by the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment (REACH VET) program. 3. In conjunction with ongoing meetings between RCS staff and Suicide Prevention Coordinators at VA Medical Centers (VAMC), OMHSP will develop a brief informational sheet for RCS providers regarding High Risk for Suicide Patient Record Flags and REACH VET. 4. RCS will work with OMHSP to refine data gathering and data analytic methods to better understand the number of Veterans served by RCS who die by suicide and their characteristics. 5. RCS and OMHSP will review and refresh standing MOU.	FY 2021	In progress	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 4.

STRATEGIC AREA: Need to continue and expand RCS training – clinical and administrative - opportunities for all assigned RCS staff including Vet Center Directors.

RECOMMENDATION 4: The Committee recommends that RCS continue to expand its training program to ensure Vet Center Directors who need clinical training credits can take this training along with their administrative training activities. Also, consider forming an annual RCS independent study training fund, where all assigned RCS staff can take additional required training to fulfill their annual accreditation needs.

BACKGROUND AND RATIONALE: It was discovered during The Committee's recent onsite RCS visit that team leaders need clinical training hours but are unable to take that training due to their leadership role, which limits them to administrative training only. Given the need for RCS team leaders to dedicate 25% of their time to providing

counseling services, it is imperative that they have the opportunity to get those RCS clinical training opportunities as well as other related clinical training to ensure they can maintain their current credentials.

VA RESPONSE: Concur in principle.

VA ACTION: RCS established a multi-year contract to develop and implement both position-based technical training and leadership development for all RCS staff. The training is tailored to the specific needs and uniqueness of the organization. This will include developing and implementing virtual clinical supervision for counselors who are working toward an advanced license, but do not have access to clinical supervisors at their respective Vet Center.

In addition to this contract, RCS engaged with VA's Mental Illness Research, Education and Clinical Center (MIRECC) Centers of Excellence to support RCS counselors in obtaining training on evidenced based practices.

RCS Districts allot funds for staff to attend training that is related to their positions, providing it could be attended virtually due to the COVID-19 pandemic.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		1. Needs assessment and training plan completed by contractor. 2. Training needs assessment and training plan completed by MIRECC. 3. Implement training plans.	FY 2021	In progress	Deputy Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 5.

STRATEGIC AREA: Need for expanding the role of RCS Mobile Vet Centers (MVC) in response to natural disasters and terrorist activities (e.g. mass shootings), as evidenced by the tremendous outpouring of support from affected communities during the recent hurricanes, wildland fires and mass shooting events that have impacted our nation over the past several years. In addition, RCS MVCs should be utilized to expand outreach in rural areas and Native American reservation areas.

RECOMMENDATION 5: The Committee recommends that RCS expand its current operations in support of national disasters, terrorist activities and rural outreach by procuring additional MVCs and training associated staff.

BACKGROUND AND RATIONALE: Natural disasters and terrorist activities are on the rise. With limited national resources to deal with those issues, which impact entire communities that often include a growing Veteran and Service member population living in those affected areas who are in need of mental health services and other support as a result of those incidents, RCS' ability to deploy support via MVCs has proven invaluable to local first responders grappling with the magnitude of these events and

loss of life. Therefore, expanding MVC capabilities and outreach efforts is of critical importance, not only to the affected Veteran but to the community first responders who manage these large-scale disasters or terrorist events.

VA RESPONSE: Concur in Principle.

VA ACTION: This recommendation goes beyond the scope of the authorizing statute and Committee charter. However, RCS is a strategic partner with VA's Emergency Management Coordination Cell and plays a significant role in VA's Fourth Mission of responding to national emergencies. In 2019 and 2020, MVCs were used in response to flooding, mass shootings, hurricane and fire relief and pandemic response.

RCS maintains a fleet of 83 MVCs, recently grown from 80, which are used in emergency response, as well as to conduct outreach in communities in need of RCS services. To ensure the MVC fleet remains viable, older units are rotated out and replaced. By the end of 2020, 20 units will have been refreshed during the year; and in 2021, RCS plans to replace 3 additional units and will continue to assess the need for more. Also, in 2020, RCS hired a full-time fleet manager to ensure the entire fleet is ready for service and units are used to their full potential.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		Purchase three replacement Mobile Vet Centers in 2021.	FY 2021	In progress	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 6.

STRATEGIC AREA: Need for RCS to expand current tele-mental health capabilities and use within RCS to reach a growing population of rural Veterans and Service members located in austere working environments.

RECOMMENDATION 6: The Committee recommends that all RCS offices develop and/or expand their use of tele-mental health capabilities to ensure that Veterans and Service members have access to the services they need if they are unable to make it to an RCS facility.

BACKGROUND AND RATIONALE: Advancements in technology offer many opportunities to enhance the quality and efficiency of delivering care. Expanding tele-mental health capabilities is imperative for RCS to undertake due to a growing population of Veterans relocating to more rural areas of the country and Service members working in austere environments.

VA RESPONSE: Concur.

VA ACTION: In May 2019, RCS introduced expanding telehealth as a strategic priority to reach users and potential users who may find it difficult to travel to Vet Centers for services, including those who live in rural areas. At that time, fewer than 50 clinicians were trained. During the remainder of the year, another 50 individuals were trained, and telehealth visits increased 100%. Due to the COVID-19 pandemic, expansion plans were expedited. In the first month of COVID-19 response, RCS trained over 90% of Vet Center counselors to provide virtual care. As of August 2020, RCS verified that all counselors have been verified and trained to provide telehealth services. New hires are trained as they are brought on-board.

Vet Centers across the nation held close to 622,000 virtual appointments since the start of the COVID-19 pandemic (March – August 2020). This represents a 530% increase from a similar time period prior to COVID-19.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		Train all RCS counselors in telehealth modality.	FY 2020	Complete	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 7.

STRATEGIC AREA: Need for RCS to significantly increase outreach and marketing efforts, particularly to a growing millennial military and Veteran population.

RECOMMENDATION 7: The Committee recommends that RCS leverage new communications lead and focus on increasing outreach and marketing efforts to include targeted campaigns for millennial military and active duty Service members.

BACKGROUND AND RATIONALE: Changing Veteran demographics combined with the need for increased mental health within the growing millennial Veteran population is driving the need for increased RCS marketing and outreach services. When looking at the U.S Military Veteran population, there is a vast difference between 18 - 34-year-old millennial Veterans versus their 35 years and older Veteran counterparts –especially when it comes to media consumption patterns. Veteran millennials trust and use traditional media, but tend to favor digital, social and streaming media vehicles versus an aging and diminishing population of older Veterans who tend to use more traditional communication means.

VA RESPONSE: Concur.

VA ACTION: RCS increased capacity to improve organizational communication by hiring a Communications Officer in early FY 2019. RCS increased the capacity to improve organizational communication by hiring a Communications Officer in early FY 2019. In FY 2020, advancements in organizational communication were made under a

contract for developing RCS branding and awareness to help prepare, guide and equip Vet Centers with necessary communications materials.

These materials include talking points, standardized language and a consistent branded image and slogan. VA is producing outreach materials designed with specific audiences in mind for targeted distribution. For example, an over-arching Vet Center fact sheet will help build community partnerships and will assist with stakeholder relations, whereas an infographic poster will be tailored to speak directly to active-duty Service members and members of the National Guard and Reserve components and is intended to be hung and used in and around bases and units. Additionally, RCS is updating other promotional materials to reach a younger demographic, including an updated promotional video with a newly branded logo and slogan; an updated audio file for radio Public Service Announcements; and much more.

RCS started an effort to redesign the national, outward-facing website, www.vetcenter.va.gov; and will extensively enhance the design, layout and features of individual Vet Center facility pages. These webpages will allow Vet Centers to directly and professionally communicate with current clients to inform them of upcoming events, MVC deployments, changes in hours of operation or additional resources available to them. The pages will also aim to mimic what makes Vet Centers thrive in the communities they serve:

- Providing information to potential clients;
- Establishing a connection with clients; and
- Reducing any barriers, concerns or stressors clients may have about seeking counseling services.

The pages will allow potential clients, family members and community partners to learn more about each team; dive into the professional experience and background of their local counselors; and remain informed about how they and others can get involved. All pages will be consistent in some areas and customized appropriately in other areas.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		1. Finalize branding materials. 2. Develop and distribute. promotional video and audio PSA. 3. Redesign national Vet Center website.	FY 2021	In Progress	Communications Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 8.

STRATEGIC AREA: Need for RCS to collaborate with OMHSP to foster a better understanding of Traumatic Brain Injury (TBI) and to recognize and assess the cognitive and communication problems that result from TBI incidents in the Veterans and Service

members they treat, so those affected by TBI receive the appropriate follow-up medical referrals and treatments.

RECOMMENDATION 8: The Committee recommends that RCS, in collaboration with OMHSP, receive TBI instruction and training from leading TBI research communities.

BACKGROUND AND RATIONALE: Due to improved diagnostics and increased vigilance, DoD estimates that 22% of all combat casualties from Iraq and Afghanistan are brain injuries, compared to 12% of Vietnam-related combat casualties. Having multiple mild traumatic brain injuries (mTBI) has also been associated with greater risk of psychological health conditions. It is, therefore, imperative that RCS in partnership with OMHSP and other VA service support agencies actively develop a better understanding of TBI and the treatment modalities available that can assist these Veterans and Service members who have experienced TBI injuries as a result of their military service.

VA RESPONSE: Concur.

VA ACTION: VA's WRIISC offers educational programming for VA staff on mTBI and TBI for providers. RCS staff will be invited to VHA's bimonthly national Polytrauma/TBI Grand Rounds presentations which cover emerging research findings and advancements in TBI clinical care. In addition, a presentation on TBI clinical care and research updates will be presented to RCS providers. Information regarding TBI education can be found at the following website:

<https://www.warrelatedillness.va.gov/warrelatedillness/education/healthconditions/traumatic-brain-injury.asp>.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	10NC5 10P4O	1. Add RCS list serve to the Polytrauma/TBI grand rounds invite list. 2. Offer TBI Clinical Care and Research Updates Presentation for RCS providers.	FY 2020	In Progress	Deputy Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 9.

STRATEGIC AREA: RCS continues its proactive efforts in establishing new leased building contracts to support Vet Center facilities, as legacy contracts expire; and identifies, early and often, problem areas that need immediate attention, in efforts to relocate Vet Centers into more desirable and/or Veteran populated areas.

RECOMMENDATION 9: The Committee recommends that RCS continues to actively identify and rework building leases supporting Vet Centers which ensure safe locations and have the ability to serve a transient Veteran population.

BACKGROUND AND RATIONALE: Vet Center facilities are oftentimes in areas of the country where there are limited Veteran populations and/or located in very undesirable parts of a city or town. They also lack the proper space and physical security measures to ensure proper care is rendered in a welcoming and safe atmosphere.

VA RESPONSE: Concur.

VA ACTION: Much activity transpired in creating a strategic approach to leasing, including establishing a variety of proactive tools and processes such as:

- Developing an RCS Leasing Share Point;
- Coordinating with VA Contracting Officers for implementing and executing leases;
- Establishing key milestones to help ensure leasing packages are processed in a timely manner;
- Setting a Leasing Tracker which contains key information about the leases;
- Hosting monthly meetings with each District and the 18 different Network Contracting Offices to ensure contracts are progressing and risks mitigated; and
- Developing a standardized procurement requirements package to simplify and streamline documentation.

RCS plans to acquire new, long-term leases for 115 Vet Centers in FY 2021-2023. Procurement packages were submitted for contract consideration; and through these contracts, RCS will ensure facilities are modern, located to best serve RCS clients, and designed to offer access to the full range of VA benefits and services.

RCS contracted to develop a playbook of modern standards for furniture and workstations that fit current technology, hardware and ergonomic needs.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		1. Develop an RCS Leasing Share Point. 2. Establish key milestones to help ensure leasing packages are processed in a timely manner. 3. Create Leasing Tracker which contains key information about the leases. 4. Host routine meetings with each District and associated Contracting Office to ensure contracts are progressing and risks mitigated. 5. Develop a standardized procurement requirements package to simplify and streamline documentation.	FY 2019-2020	Complete	Chief Finance Officer, Readjustment Counseling Service (10RCS)

		6. Develop a playbook of modern standards for furniture and workstations that fit current technology, hardware and ergonomic needs.			
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RECOMMENDATION 10.

STRATEGIC AREA: The need for RCS to adopt a VA best practice in developing an RCS Journey Map which uses a pictorial flow chart guiding a Veteran or Service member through the various RCS and associated mental health and other services they are seeking for treatment of combat related injuries.

RECOMMENDATION 10: The Committee recommends RCS work with VA subject matter experts and other relevant VA health care organizations to develop an RCS specific journey map that depicts available mental health and other associated services for combat Veterans seeking assistance.

BACKGROUND AND RATIONALE: Current military marketing studies show that millennial Service members are large consumers of written and digital material, which is easily understood and assimilated. Additionally, older Veterans struggling with the challenges of age-related illnesses and memory issues, respond better to information that is presented in a pictorial, logical flow chart manner. Hence the need for RCS to develop a services flowchart that is easy to understand and available in a variety of written and or digital formats.

VA RESPONSE: Concur.

VA ACTION: RCS and the Veterans Experience Office (VEO) partnered to establish Journey Mapping Initiatives across RCS. This process is expected to take 6 to 12 months for full completion and implementation. In addition to Journey Mapping, the RCS/VEO partnership will also modernize the entire RCS Customer Experience Program. Additional deliverables include a customized VSignals platform for real-time customer feedback, formalized Service Recovery Program and additional products/solutions to enhance the RCS customer experience for areas of opportunity identified throughout this initiative.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	30	1. Finalize project charter. 2. Conduct pre-discovery research. 3. Discovery – VEO will conduct site visits and field research to ascertain the voice of the customer. 4. Articulate RCS client introduction to and use of services via a journey map. 5. Design solutions for addressing barriers identified in journey mapping development. 6. VSignals customer feedback platform development and rollout.	FY 2021	In progress	Planning and Policy Officer, Readjustment Counseling Service (10RCS)

		7. Service recovery modernization.			
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RECOMMENDATION 11.

STRATEGIC AREA: The need for RCS and OMHSP collaboration to proactively find ways to “identify” Service members with mental health issues who do not seek VA services in efforts to prevent them from dying by [suicide](#).

RECOMMENDATION 11: The Committee recommends that RCS and OMHSP work together to reduce and or eliminate suicide rates by identifying Veterans and Service members not currently seeking VA services, but who need them. For example, consider piloting a community college and RCS collaborative outreach program to reach the growing Veteran population enrolled at colleges and universities nationwide.

BACKGROUND AND RATIONALE: VA released its newest National Suicide Data Report in June 2018, which included data from 2005 through 2015. Much in the report remained unchanged from two years ago, when VA reported suicide statistics through 2014. Veteran suicide rates are still higher than the rest of the population, particularly among women. The key finding in this report was that suicides are elevated among those who have served on military duty. Therefore, the benefit of separating out subgroups by those actively seeking VA services, and those that do not, helps RCS and OMHSP identify higher risk subgroups of the whole, which may help them determine where and how to best focus their collective resources. Over 79% of post-9/11 Veterans are returning and enrolling in higher education with increased enrollment in community colleges.

VA RESPONSE: Concur.

VA ACTION: VA released its most recent National Suicide Data Report in October 2019, which included data from 2005 through 2017. Veteran suicide rates were higher than non-Veteran U.S. adults, and this differential was particularly high among women.

To provide information about suicide prevention activities and eliminate Veteran suicide, RCS and OMHSP are working to identify and reach out to Veterans and Service members who might benefit from services.

One example is a collaborative partnership between VA (RCS, OMHSP and TCM) and the George W. Bush Institute’s [Veteran Wellness Alliance](#). RCS and OMHSP entered into a pilot program called “Check In,” which aims to connect Veterans in Houston, Texas; Denver, Colorado; and Central Florida by phone with a trained mental health provider who can refer them to the appropriate high-quality care provided by one of the Veteran Wellness Alliance organizations. RCS also coordinates with TCM to organize and participate in outreach activities such as Yellow Ribbon Reintegration Program, Welcome Home, Individual Ready Reserve musters and other military and community events.

According to the Veterans Benefits Administration's (VBA) report on the use of education benefits in 2019, of those using educational benefits from VA, 79% used the Post-9/11 GI Bill Benefit and over 80% of those were Veterans versus their spouses or children. RCS Vet Centers worked routinely with local colleges and universities and their student organizations to ensure students know about services available to them. Over the course of the past three years, approximately 10% of RCS outreach events have been associated with schools. RCS communicated with Student Veterans of America and attended several student leadership events to share information about available services.

Specific efforts to reach Veterans and Service members enrolled in higher education is ongoing through the Veterans Integration to Academic Leadership (VITAL) program, which strives to enhance academic retention and success by:

- Providing on-campus clinical care and coordination;
- Improving understanding of Veterans' unique strengths and challenges through education and training for the campus community; and
- Collaborating with the local VA counseling, medical and benefits services; campus faculty and staff members; and community resources.

Every discharging Service member goes through transition assistance and a 3-hour block of VA and educational benefits. VA has been an active participant in transition assistance programming.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	10NC5	1. The top 10 schools with the highest Veteran enrollment are fully on-line schools. VA will develop a plan to reach those Veterans. 2. Student Veterans of America has 750,000 members; VA reached out to them to discuss strategies to reach student Veterans. Over 600,000 student Veterans are enrolled in college, OMHSP and RCS will work closely with VBA regarding the same/united "VA messaging" and a developed referral mechanism for counseling services.	FY 2021	In Progress	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 12.

STRATEGIC AREA: The need for RCS and OMHSP collaboration to identify and eliminate barriers in treating Service members impacted by opioid/substance abuse related issues.

RECOMMENDATION 12: The Committee recommends that RCS and OMHSP work together with other VA services to better understand the complexities of mental health and Substance Use Disorder (SUD) and to improve access to a variety of treatment options for Veterans and Service members who need such services.

BACKGROUND AND RATIONALE: Between 2010 and 2015, the number of Veterans suffering from opioid use disorder rose 55% to roughly 68,000 individuals. That figure represents about 13% of all Veterans currently prescribed opioids. More than 63% of Veterans receiving chronic opioid treatment for pain also have a mental health diagnosis. Even more daunting is that many Veterans have not received adequate treatment due to numerous barriers. Those include the stigma associated with seeking help, lack of access to a variety of treatment options and not enough understanding about the complexity of mental health and SUD, especially as it relates to Service members' experience.

VA RESPONSE: Concur.

VA ACTION: VA will leverage existing efforts and resources of RCS and OMHSP to ensure increased awareness of available resources for and support to all providers to ensure that Veterans and Service members have access to treatment for SUD. OMHSP and RCS will work together to ensure that training needs in this domain are met across both organizations.

Numerous training opportunities are available to support clinicians in evidence-based treatment for SUD and to promote opioid safety. VHA's MIRECC is currently conducting a mental health training needs assessment of RCS clinicians to identify the most appropriate curriculum.

OMHSP established SUD communities of practice to answer questions about policy, treatment, practice and protocol; provide a venue to increase awareness about education and initiatives across systems; and facilitate identifying specific treatment resources for patients in an area. Further, OMHSP recently established a National Consultation Service for SUD in collaboration with the National Telemental Health Center. VHA will collaborate with RCS to make such resources readily accessible to RCS providers. In addition, clinician decision support systems are available that support safe opioid management, evidence-based treatment engagement for patients with opioid use disorders and suicide risk. These systems can help inform providers about a patient's recent health care engagement, treatment adherence and recommended care for identified conditions. These decision support systems are available to RCS, which will explore the possibility of using or tailoring them to improve care coordination and encourage treatment engagement of Veterans receiving services at RCS.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	10N	1. MIRECC training needs assessment. 2. OMHSP will work with RCS to make existing and new trainings available to RCS staff in identified areas of need. 3. Ensure SUD trainings are accessible to RCS staff, and address access challenges when needed. 4. Invite RCS providers to join substance use treatment provider list and community of practice. 5. Disseminate information on the SUD Consultation resource to RCS staff.	FY 2021	In progress	Deputy Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 13.

STRATEGIC AREA: The need for RCS to work with the Intimate Partner Violence Assistance Program (IPVAP) to establish and nurture referral networks.

RECOMMENDATION 13: The Committee recommends that RCS formalize a partnership with IPVAP to establish a bilateral referral relationship which assists mutual clients and their families and encourage relationship between IPVAP Coordinators at VA medical facilities and nearby Vet Centers.

BACKGROUND AND RATIONALE: The Committee received a briefing of the historical development, purpose, values and current program activities of VA's IPVAP to include providing effective treatments and educational programs regarding domestic violence.

VA RESPONSE: Concur in Principle.

VA ACTION: RCS partnered with VA's MIRECC Centers of Excellence to support RCS counselors in obtaining training on evidenced based practices and specialty initiatives such as VA's IPVAP. RCS will identify potential opportunities to advance staff access to informational material for clients and resources for counselors, to include potential referral practices to address the issue of intimate partner violence.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	CM&SWS/ 10P4C	1. MIRECC needs assessment and training plan complete. 2. Training implemented. 3. RCS Intranet resource site promoting IPVAP.	FY 2021	In Progress	Deputy Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 14.

STRATEGIC AREA: The need for RCS to strategically sustain Vet Center productivity standards balancing quantity and quality of services.

RECOMMENDATION 14: The Committee recommends that RCS continues using productivity expectations and reviewing workload for both time and encounters, while ensuring focus on outcome measures does not negatively impact the traditional Vet Center therapeutic culture.

BACKGROUND AND RATIONALE: Vet Center counselors are expected to spend 17 hours per week in direct contact with Veteran clients to provide readjustment counseling: individual, group and/or family. The 17-hour weekly time measure is expected to generate 25 encounters (1.5 client visits per hour) which accommodates plural encounters for counselors providing group readjustment counseling. As presented, Vet Center productivity system-wide has increased over a 2-year period by 30% in visits and 18% in unique clients served.

VA RESPONSE: Concur.

VA ACTION: RCS leadership has regular dialogue with field staff regarding productivity expectations and shares productivity and workload reports monthly with field elements for the purpose of discussion. Additional feedback exchanges are incorporated into the annual oversight visits.

A formal evaluation of RCS' productivity assessment process is being developed and is expected to be executed in the future to ensure that expectations do not negatively impact the traditional Vet Center therapeutic culture.

To accompany the productivity and workload review, RCS charged a workgroup to develop a staffing tool in 2019. Leadership is currently working with VHA's Manpower Management Office to ensure that the tool is aligned with overall VA standards, policies and accepted practices. This tool will ensure that Vet Centers are appropriately staffed for client need and demand.

In 2020, RCS created a governance structure which includes a Governance Board comprised of individuals from various levels of leadership and field representatives. RCS is currently standing up the Governance Board's seven standing councils, including one on Workforce Development and one on Counseling Practices. These Councils will foster dialogue and informed decision-making, including the subject of productivity.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		1. Develop routine productivity expectation assessment process. 2. Formalize and implement staffing tool.	FY 2021	In Progress	Chief Officer, Readjustment Counseling Service (10RCS)

RECOMMENDATION 15.

STRATEGIC AREA: The need for VA to expand Veterans Justice Outreach (VJO) program staffing and connect eligible constituents with RCS services.

RECOMMENDATION 15: The Committee recommends that VA facilitate a more active partnership among RCS, VJO and state operated Veterans courts systemwide.

BACKGROUND AND RATIONALE: The Committee received an in-depth overview of Veterans Justice Programs. The Committee's strategic interest is in overcoming barriers to care for combat theater Veterans with legal readjustment problems.

VA RESPONSE: Concur.

VA ACTION: Over the years, Vet Centers nationwide made a concerted effort to partner with their local law enforcement, judicial system and correctional facilities to reach eligible individuals and provide them with the necessary resources they need and have earned. Whether it is an outreach specialist or counselor, many make routine visits to local correctional facilities and partner with VJO programs. In fact, one [Vet Center Outreach Specialist received recognition](#) from the correctional facility he partnered with for these efforts. RCS is currently partnering with VBA to coordinate additional opportunities explaining Vet Center services and current involvement in Justice programs at the facility level; and offer support to help fulfill VBA's intended mission. RCS looks forward to continuing this and other partnerships and is eager to learn more from VBA on how the organization can further assist.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	27-VBA	1. Schedule routine meetings between RCS and VBA regarding potential collaboration and partnership on behalf of justice-involved Veterans. 2. Ensure Vet Center staff are aware of VJO elements and are supported by RCS to engage.	FY 2021	In Progress	Communications Officer (10RCS)

RECOMMENDATION 16.

STRATEGIC AREA: The need for the Committee on Readjustment of Veterans to understand the scope and benefits of the Medical Legal Partnerships programs, and how it benefits Veterans and their readjustment.

RECOMMENDATION 16: The Committee recommends inviting subject matter experts to share VA's experience with the newly established Medical Legal Partnership program during 2019.

BACKGROUND AND RATIONALE: Briefing was scheduled in December 2018; however, a federally mandated "National Day of Mourning," required the speaker to reschedule.

VA RESPONSE: Concur.

VA ACTION: RCS will invite a representative of the Medical Legal Partnership program to provide a presentation to the Federal Advisory Committee on the Readjustment of Veterans. To best illustrate the services RCS provides, RCS will continue to schedule an annual field visit to a selected Vet Center. A site visit The Chair may conduct an in-person or virtual site visit in association with the Designated Federal Officer (DFO).

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS	OGC	Lara Eilhardt of VA's Office of General Counsel will give a presentation on the Medical Legal Partnership program to the Federal Advisory Committee on the Readjustment of Veterans in October 2020.	FY 2020	Complete	Planning and Policy Officer (10RCS)

RECOMMENDATION 17.

STRATEGIC AREA: The need for RCS to conduct at least one meeting per year in the field to observe first-hand Vet Center operations and gain insight from staff on policy deployment.

RECOMMENDATION 17: The Committee recommends that VA and RCS continue to enable this Readjustment Committee the opportunity to conduct future meeting activities at strategic field locations which allows members to engage in meaningful and regional based support discussions with informed leadership at both VHA and Vet Center locations.

BACKGROUND AND RATIONALE: The Committee conducted one field visit to San Antonio, Texas; visited two Vet Centers; and the VAMC. During the site visit, the Committee learned first-hand from staff and clients about operations and relationships between RCS and other VHA entities. It will be important to continue this approach for

new committee members and to get a sense of operations in different geographies, i.e., urban versus rural.

VA RESPONSE: Concur in Principle.

VA ACTION: RCS will continue to schedule an annual field visit to a selected Vet Center to best illustrate the services RCS provides. The Chair may conduct a site visit in-person or virtually in association with the DFO.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		A field visit was planned for 2020, however, the COVID-19 pandemic prevented an actual on-site visit. A virtual field visit was held with Vet Centers in Princeton, WV; and Tulsa, OK, in October 2020.	FY 2020	Complete	Planning and Policy Officer (10RCS)

RECOMMENDATION 18.

STRATEGIC AREA: The Committee presented RCS a letter requesting data and information relative to an assessment of posttraumatic stress disorder (PTSD) treatment and suicide prevention across VA.

RECOMMENDATION 18: The Committee recommends that VA responds to the elements outlined in the letter and presents its response to the Committee at its next meeting.

BACKGROUND AND RATIONALE: The Committee members have outlined a set of data and information—including demographics of users, staff characteristics, services offered—they would like to see, as well as descriptions of referral processes, practices and treatment guidelines that are in place to help them assess PTSD treatment and suicide prevention in VA.

VA RESPONSE: Concur in Principle.

VA ACTION: The Committee's DFO provided the letter to the Chair of the Committee for consideration by the membership in April 2020.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		1. Letter was addressed during a meeting in San Antonio, TX, on December 5, 2018; specific data points were provided by RCS and OMHSP leadership. 2. Letter was provided again to the current Chair at the request of the former member in April 2020. 3. Letter was provided to membership for consideration on June 12, 2020. 4. Chair noted no further information is required.	FY 2020	Complete	Planning and Policy Officer (10RCS)

RECOMMENDATION 19.

STRATEGIC AREA: The need for a Charter review to ensure continuing activity.

RECOMMENDATION 19: The Committee recommends amending the Charter for the Committee on the Readjustment of Veterans to state a Committee member's appointment will be extended beyond their deadline until a replacement appointment is made.

BACKGROUND AND RATIONALE: The Committee has experienced some delay in activity due to lapses in membership. Extensions in appointments will ensure forward momentum in Committee contributions.

VA RESPONSE: Concur in Principle.

VA ACTION: The statute under which The Committee was formed only allows for two-year term appointments. In order to extend those terms, the member would have to be reappointed for another term. The Committee DFO established a membership rotation schedule that will ensure continuity of membership across time, so that there will not be a period of all members rotating off at the same time. This has resulted in two solicitations for membership over the past year.

Lead Office	Other Offices	Steps/Tasks to Implement	Due Date	Current Status	Contact Person
10RCS		1. Amend Charter to include increase in membership. 2. Solicit membership such that terms will overlap and breaches will occur in the future.	FY 2020	In Progress	Planning and Policy Officer (10RCS)